24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
KENTUCKY MOVING FORWARD	
	C C00624064
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Smith Strategies LLC	M M / D D / Y Y Y Y
Mailing Address 300 East Main Street	10 10 2016
	Amount
City State Zip Code	150295.00
Lexington KY 40507	Transaction ID : SE.4144 Date of Disbursement or Obligation
Purpose of Expenditure Advertisement Category/ Type	10 07 7 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
GRAY, JIM P, , ,	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Dist 2010	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Video Editing Services	10 10 2016
Mailing Address 215 East High Street	
	Amount
City State Zip Code	1125.00
Lexington KY 40507	Transaction ID : SE.4145 Date of Disbursement or Obligation
Purpose of Expenditure Advertisement Productdion Category/ Type	10 14 2016
Name of Foderal Condidate	
GRAV IIM P	ice Sought: House District: 00
Oppose Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	151420.00
(b) CURTOTAL of Uniterpired Independent Figure 1	
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	151420.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Wilson, Steve, , , [Electronically Filed] Date	10 12 2016
Signature	